| APR 2 2 2005  Under the Reservork Reduction Act of 1995   | U.S. Pa<br>. no persons are required to respond to a colle<br>Application Number   | Approved for use through 07/31/2006. OMB 0651-0031 atent and Trademark Office; U.S. DEPARTMENT OF COMMERCE action of information unless it displays a valid OMB control number. 10/662,248 |
|---|--|--|
| TRANSMITTAL<br>FORM   | Filing Date First Named Inventor Art Unit  | 09/15/2003<br>Sean T. Crowley<br>2814  |
| (to be used for all correspondence after initial  Total Number of Pages in This Submission  | Examiner Name  Attorney Docket Number  ENCLOSURES (Check all t   | Le, Thao X.  AMKOR-06C   |
| Fee Transmittal Form  X Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence At Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on CD  Remarks | After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  X Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information |
| SIGNA Firm Name  Mark B. Garred  Signature  | TURE OF APPLICANT, ATTOF   | RNEY, OR AGENT   |
| Printed name MARK GA Date 42005   |  | eg. No. 34,823   |
| I hereby certify that this correspondence is b  | velope addressed to: Commissioner for<br>Rea K Selvine   | ON/MAILING  O or deposited with the United States Postal Service with Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on  Date 04/20/2005  |

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PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032

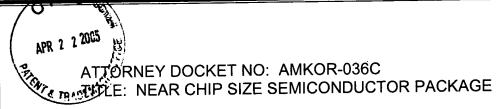
|   | . Act of 1995    | on persons are required to   | respond to                    |   | andomark Of     | fice; U.S. DEPARTN<br>ess it displays a vali | MENT OF C        | OMMERCE<br>rol number |  |
|---|------------------|------------------------------|-------------------------------|---|-----------------|--|------------------|-----------------------|--|
| Effective on 12/08/2004   |                  |                              |                               | Spond to a collection of information unless it displays a valid OMB control number  Complete if Known |                 |  |                  |                       |  |
| Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).   |                  | Appli                        | Application Number 10/662,248 |   |                 |  |                  |                       |  |
| FEE TRANSMITTAL   |                  |                              | Date                          | 09/15/2   | 09/15/2003      |  |                  |                       |  |
| For FY 2005   |                  | First                        | Named Inventor                | Sean T  | Sean T. Crowley |  |                  |                       |  |
|   |                  |                              | niner Name                    |   | Le, Thao X.     |  |                  |                       |  |
| Applicant claims small entity status. See 37 CFR 1.27   |                  | Art U                        | nit                           | 2814  |                 |  |                  |                       |  |
| TOTAL AMOUNT OF PAYMENT (\$) 620.00 0.00  |                  |                              | Attor                         | ney Docket No.  | AMK             | AMKOR-036C                                   |                  |                       |  |
| METHOD OF PAYMENT (check all that apply)  |                  |                              |                               |   |                 |  |                  |                       |  |
| X Check Credit C  | Card             | Money Order N                | one [                         | Other (please   |                 |  |                  |                       |  |
| Deposit Account Deposit Account Number: 19-4330 Deposit Account Name: Stetina Brunda Garred & Brucker   |                  |                              |                               |   |                 |  |                  |                       |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                  |                              |                               |   |                 |  |                  |                       |  |
| Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee   |                  |                              |                               |   |                 |  |                  |                       |  |
| Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments  Under 37 CFR 1.16 and 1.17  Credit any overpayments of fee(s) X Credit any overpayments  |                  |                              |                               |   |                 |  |                  |                       |  |
| WARNING: Information on this  | form may b       | pecome public. Credit card   | informati                     | on should not be  | included or     | this form. Provide                           | e credit care    |                       |  |
| information and authorization   | on P1U-203       | 6.                           |                               |   |                 |  |                  |                       |  |
| FEE CALCULATION   | CH AND           | EVAMINATION FEES             | S                             |   |                 |  |                  |                       |  |
| 1. BASIC FILING, SEAR   | FILING           | FEES SE                      | AKUH F                        |   |                 | ON FEES                                      |                  | ļ                     |  |
| Aliantian Typo  | Fee (\$)         | Small Entity<br>Fee (\$) Fee | <u>Sma</u><br>(\$) F          | all Entity<br>ee (\$) <u> </u>  |                 | all <u>Entity</u><br>Fee (\$)                | Fees Pai         | d (\$)                |  |
| Application Type  | 300              | 150 500                      |                               |   | 200             | 100  |                  |                       |  |
| Utility   | 200              | 100 10                       |                               |   | 130             | 65 -   |                  |                       |  |
| Design  | 200              | 100 30                       |                               |   | 160             | 80 -   |                  |                       |  |
| Plant<br>Reissue  | 300              | 150 50                       | _                             |   | 600             | 300 -  |                  |                       |  |
| Provisional   | 200              |                              | 0                             | 0   | 0               | 0 -  |                  |                       |  |
| 2. EXCESS CLAIM FEE   |                  | 100                          |                               |   |                 |  | Fe <u>e (\$)</u> | mall Entity           |  |
| 1   |                  |                              | 1                             | than in the o   | riainal na      | tent   | 50               | Fee (\$)<br>25        |  |
| Each claim over 20 or, for Each independent claim   | or Reissue       | es, each claim over 20       | and moi<br>lenende            | e than in the o   | than in the     | e original paten                             |                  | 100                   |  |
| Each independent claim of Multiple dependent clain  | over 3 or,<br>ns | for Reissues, each mu        | срение                        |   |                 |  | 360              | 180                   |  |
|   | Extra Clai       | ms Fee (\$) F                | ee Paid                       | (\$) <u>M</u>   |                 | pendent Claims                               | ( <b>¢</b> )     |                       |  |
| - 20 or HP =  |                  | x = _                        |                               |   | <u>Fee (\$)</u> | Fee Paid                                     | (2)              |                       |  |
| HP = highest number of total Indep. Claims  | Extra Clai       | ms <u>Fee (\$)</u>           | ee Paid                       | <u>(\$)</u>   |                 | -  |                  |                       |  |
| - 3 or HP =   |                  | x=                           |                               |   |                 |  |                  |                       |  |
| HP = highest number of independent claims paid for, if greater than 3   |                  |                              |                               |   |                 |  |                  |                       |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) |                  |                              |                               |   |                 |  |                  |                       |  |
| for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(c) and 50 or fraction thereof. Fee (5) Fee Paid (\$)  |                  |                              |                               |   |                 |  |                  |                       |  |
| Total Sheets Extra Sheets Number of each additional 30 of fraction thereof x 250.00 = 0.00  |                  |                              |                               |   |                 |  |                  |                       |  |
| Fees Paid (\$)  |                  |                              |                               |   |                 |  |                  |                       |  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  |                  |                              |                               |   |                 |  |                  |                       |  |
| Other: Notice of Appeal and Petition for One Month Extension of Time 620.00   |                  |                              |                               |   |                 |  |                  |                       |  |
| SUBMITTED BY A  | - /1             |                              |                               |   |                 |  |                  |                       |  |
| SUBMITTED DI  | VI               |                              | Regi                          | stration No.  | 34,823          | Telephone                                    | (949) 8          | 355-1246              |  |

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Signature

(Attorney/Agent)

Date



## Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

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on April 20, 2005

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Andrea K. Levine

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- 1. Certificate of Mailing;
- 2. Transmittal;
- 3. Fee Transmittal;
- 4. Notice of Appeal Brief;
- 5. Petition for One Month Extension of Time;

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- 6. A Check for \$620.00; and
- 7. Return Receipt Postcard